

PART B - FEE(S) TRANSMITTAL

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28075 7590 11/19/2009
CROMPTON, SEAGER & TUFTIE, LLC
1221 NICOLLET AVENUE
SUITE 800
MINNEAPOLIS, MN 55403-2420

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Kathleen L. Boeckley	(Depositor's name)
<i>Kathleen L. Boeckley</i>	(Signature)
February 19, 2010	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/663,111	09/15/2000	Charles J. Davidson	1001.2273103	3759

TITLE OF INVENTION: CATHETER WITH SIDE SHEATH AND METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$0	\$0	\$755	02/19/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
PREBILIC, PAUL B		3774	623-001110			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached). <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	CROMPTON, SEAGER & TUFTIE, LLC
		2
		3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Boston Scientific Scimed, Inc.

Maple Grove, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input checked="" type="checkbox"/> Advance Order - # of Copies <u>one (1)</u>	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-203B is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>50-0413</u> (enclose an extra copy of this form).
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5. Change in Entity Status (from status indicated above) <input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	<input checked="" type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Authorized Signature *Benjamin J. Nyquist* Date 2/19/10
Typed or printed name Benjamin J. Nyquist Registration No. 61,712

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